### FEDERAL FISHERIES APPLICATION FORM

WESTERN PACIFIC REGION

U.S. DEPARTMENT OF COMMERCE

OMB NUMBER: 0648-0204	For Office Use:	
Expires: 09/30/2003	GC	
	Issued	

Transmit\_\_

NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION NATIONAL MARINE FISHERIES SERVICE SOUTHWEST REGION

### Mail or deliver this application to:

Pacific Islands Area Office, NMFS 1601 Kapiolani Blvd., Suite 1110 Honolulu, Hawaii 96814-4700 Tel:(808)973-2937 Facsimile:973-2982

Non-Refundable Application Processing Fee (limited entry): \$73.00  General Longline Permit (Western Pacific) ±  Receiving Vessel Permit ±  Hawaii Closed Area Exemption ± (see reverse side of this page)  2. LOBSTER - Northwestern Hawaiian Islands Limited Entry ± (see reverse side of this page)  Main Hawaiian Islands ± American Samoa, Guam ±  3. BOTTOMFISH - Hoomalu Zone: ± Mau Zone: ± \$65.00 (Submit supplementary info sheet)		(Check <b>U</b> a	ppropriate circl	e or circles for type of pe	rmit application	)
General Longline Permit (Western Pacific) ± Receiving Vessel Permit ± Hawaii Closed Area Exemption ± (see reverse side of this page)  2. LOBSTER - Northwestern Hawaiian Islands Limited Entry ± (see reverse side of this page) Main Hawaiian Islands ± American Samoa, Guam ±  3. BOTTOMFISH - Hoomalu Zone: ± Mau Zone: ± \$65.00 (Submit supplementary info sheet)  4. PRECIOUS CORAL ± Permit Area:  VESSEL NAME:  VESSEL OFFICIAL NUMBER:  VESSEL OWNER:  First & Last Name  Social Security Number  Privacy Act Statement: Federal Regulations (st 50 CFR Part 560) authorize collection of this information. This information is used to verify the identity of the applicants) and to accurately retrieve confidential records related to federal comercial fishery permits. Where the requested information is a Social Security Number, disaslessure is voluntary! in the event it is not provided, NMSS will assign a unique code that will identify the records.  NAME OF CORPORATION OR PARTNERSHIP THAT OWNS VESSEL:  BUSINESS ADDRESS:  Street City State Zip Code  HOME ADDRESS:  Street City State Zip Code  BUSINESS PHONE NO. HOME PHONE NO. FAX:  VESSEL CAPTAIN:  First & Last Name Social Security Number  CAPTAIN'S MAILING ADDRESS: If same as owner's business address, check here: ±  Street City State Zip Code  APPLICANT:  Print Name & Signature of Vessel Owner  PERMIT TRANSFEROR:  Print Name & Signature of Permit Owner Transferring Permit	1.	LONGLINE - Hawai:	i Limited Entry	Permit ±		
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Print Name & Signature of Permit Owner Transferring Permit			•			
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	P	ermit Number of Tra	nsferred Permit:			

Please submit a copy of the vessel's current U.S. Coast Guard Certificate of Documentation (documented vessel) or registration certificate from state/territorial agency (for undocumented vessel) with this application form.

(side two) OMB 0648-0204 Expires 09/30/2003

# Federal Fisheries Application Form - Western Pacific Region SUPPLEMENTAL INFORMATION FOR:

### \*\* MAIN HAWAIIAN ISLANDS LONGLINE FISHING PROHIBITED AREA EXEMPTION\*\*

VESSEL:

Signed affidavits

Basis for Exemption Eligibility (all boxes must be checked to be eligible):

- ~ Applicant currently holds a Hawaii longline limited entry permit
- ~ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear prior to 1970 from waters now closed to longline fishing.
- ~ Applicant was the owner or operator of a vessel that made landings of pelagic management unit species taken on longline gear in at least five (5) years since (and including) 1970 from waters now closed to longline fishing.
- ~ Applicant was the owner or operator of a vessel that made at least 80 percent of its landings of longline-caught pelagic management unit species in any calendar year in waters now closed to longline fishing.

Document(s) demonstrating exemption eligibility is attached (check as many boxes as may apply):

~ State of Hawaii Catch Reports ~ Vessel fishing logs ~ Auction receipts ~

~ Other (specify): \_\_\_\_\_

SIGNATURE OF APPLICANT:

## \*\*\*\*\*\* NORTHWESTERN HAWAIIAN ISLANDS LOBSTER LIMITED ENTRY PERMIT \*\*\*\*\*\*

If the application is being submitted on behalf of a partnership or corporation, indicate the names of all the owners and their respective percentage of ownership in the partnership or corporation:

VESSEL:		
Name of Shareholder:	Percent (%) of Ownership	Business Address:

# PAPERWORK REDUCTION ACT INFORMATION

SIGNATURE OF APPLICANT:\_\_\_

Public reporting burden for this collection is estimated as follows: 30 minutes for Hawaii longline limited access permit renewal/transfer, longline general permit initial issuance/renewal, and receiving vessel permit initial issuance/renewal; 120 minutes for main Hawaiian Islands longline fishing prohibited area exemption; 30 minutes for Northwestern Hawaiian Islands crustaceans limited access permit transfer, main Hawaiian Islands and American Samoa/Guam crustacean permits; 30 minutes for precious coral permit initial/re-issuance (established, conditional, refugia, exploratory areas); and 2 hours for all permit denial appeals. Each burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the is burden estimate any other aspects of this collection of information, including suggestions for reducing this burden, to Pacific Islands Area Office Administrator, Southwest Region, NMFS 2570 Dole Street, Honolulu, Hawaii 96822.

This information is being collected to ensure accurate and timely records about the persons licensed to participate in fisheries under Federal regulations in the Western Pacific Region. This will enable NMFS and the Western Pacific Fishery Management Council to (a) determine who would be affected by changes in management; (b) inform license holders of changes in fishery regulations; and (c) determine whether the objectives of the fishery program are being achieved by monitoring entry and exit patterns and other aspects of the fisheries. The information is used in analyzing and evaluating the potential impacts of regulatory changes on persons in the regulated fisheries as well as in related fisheries. Responses to the collection are required to obtain the benefit of a license for the fishery involved (ref. 50 CFR 660.13). Data provided concerning the vessel and/or business of the respondents are handled as confidential under the Magnuson-Stevens Fishery Conservation and Management Act (Sec. 402(b)). Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

OMB No. 0648-0204 Expires: 09/30/2003

### SUPPLEMENTARY INFORMATION FOR:

Northwestern Hawaiian Islands Bottomfish Fishery: Ho'omalu Zone Limited Access Permit Application Mau Zone Limited Access Permit Application

VESSEL OWNER NAME:	
VESSEL NAME:	
HO'OMALU ZONE PERMIT APPLICATION:	
Place a check $(oldsymbol{U})$ mark alongside the criterio your application.	n which provides the basis for
1. New permit under historic participation or	investment criteria
<pre>Owner of vessel which made at least of or before 8/7/85; if permits are being vessels, documentation must show that landing of NWHI bottomfish each year Previously non-owner skipper of vesse or before 8/7/85 and now owner (50% of bottomfish fishery Incurred substantial expenditure, or loan, on or before 8/7/85, to obtain Made an offer on or before 8/7/85 to NWHI bottomfish fishery Owner of vessel which qualified for H voluntarily surrendered by the owner</pre>	g requested for two or more each vessel made at least one in 1986 and 1987 l which landed NWHI bottomfish on r greater interest) of vessel for received written commitment for vessel for NWHI bottomfish fishery purchase a vessel for use in the o'omalu Zone permit which was
2. New permit based on eligibility point syste	em
Owner of 25% or greater interest in a basis of points earned through landin main Hawaiian Islands	
HO'OMALU ZONE OR MAU ZONE PERMIT APPLICATION	
If this permit application is file by a partne names of all the owners and their respective p partnership or corporation.	
Name of Owner (Shareholder):	Percent (%) of Ownership:

Signature of Vessel Owner or Designee:\_\_\_\_\_

# Northwestern Hawaiian Islands Bottomfish Fishery: Ho'omalu Zone Limited Access Permit and Mau Zone Limited Access Permit

#### PAPERWORK REDUCTION ACT INFORMATION

Public reporting burden for this collection is estimated as follows: 1 hour for initial issuance, renewal, and landing waiver requests for the Hoomalu and Mau Zones limited access permits; 2 hours for all permit denial appeals. Each burden includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the is burden estimate any other aspects of this collection of information, including suggestions for reducing this burden, to Pacific Islands Area Office Administrator, Southwest Region, NMFS 2570 Dole Street, Honolulu, Hawaii 96822.

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